The SAGE Encyclopedia of Cancer and Society

South Africa

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South Africa is a diverse nation, home to nearly 53 million people with 11 official languages. Approximately 79.2 percent of the black population is composed of four major ethnic groups: the Nguni (composed of the Zulu, Xhosa, Ndebele, and Swazi people), Sotho-Tswana (composed of the southern, northern, and western Sotho Tswana people), Tsonga, and Venda. White South Africans compose 8.9 percent of the population, and include Afrikaners who are descendants of Dutch, German, and French Huguenots who began colonization in the 17th century; English speakers from the British Isles beginning in the 18th century; and other Europeans, including Greeks, Portuguese, eastern European Jews, and Hungarians.

Colored South Africans are people of mixed lineage (descended from black slaves brought from east and central Africa, indigenous Khoisan from the Cape, and other indigenous Africans). The 2.5 percent Indian/Asian population are descended from indentured sugar plantation workers brought over in the 19th century from the former Natal.

With this ethnic diversity come a variety of languages (official and other home languages), cultures, and religious beliefs, all of which challenge cancer control in the country. Cancer treatment and education were not available to most South Africans until the end of apartheid in 1994. Most quality health care and cancer treatment was only available to whites; however, that continues to change over time with the work of the Cancer Association of South Africa (CANSA). Another major challenge is the availability of health care workers; World Development Indicators report that there are 80 physicians (generalists and specialists) for every 100,000 people, and 490 nurses per 100,000 people, for a population approaching 53 million and a growing cancer burden.

Approximately one in four South Africans are affected by cancer in their lifetime, with more than 100,000 South Africans diagnosed with cancer yearly, and more than 60,000 dying from cancer each year. About one in six South African men and one in seven South African women will have cancer during their lives. In South Africa age, race, gender and socioeconomic status play an important role in determining the prevalence of certain cancers. The prevalence of behavioral and environmental factors related to smoking, alcohol consumption, and diet are also salient. For example, the grinding process of homegrown maize has been linked to esophageal cancer. It is believed that the silica produced from the grinding process injures the esophagus and prolonged inflammation increases the risk of cancer. This phenomenon has resulted in the former Transkei region on the eastern Cape being identified as an esophageal cancer hotspot. The rate of this cancer type is six times the national average when compared to the rest of the country.

The cancers affecting all South African men, in order of prevalence, are prostate, lung, esophageal, bladder, and colorectal cancer. The cancers that are more prevalent among black South African men are esophageal, lung, liver, and larynx cancer. The cancers affecting all South African women, in order of prevalence, are breast, cervical, colorectal, lung, and esophageal cancer. Cancers that are more prevalent among black South African women, in order of prevalence, are cervical, breast, esophageal, uterine, and lung cancer. The cancers most prevalent among South African children, in order of prevalence, are leukemia, brain tumors, lymphomas, cancer of the kidney, and cancer of the sympathic nervous system or neuroblastoma. Research by the Childhood Cancer Foundation found that more than 40 percent of South African children with cancer never receive treatment. According to the foundation, low levels of awareness and cultural myths are barriers to some of South Africa's children being diagnosed and treated for cancer. An example of a common myth in various communities is that children do not get cancer, and if they do, only white children will get the

disease.

Historically, cancer research and treatment were performed at Groote Schuur Hospital (a teaching hospital) in Cape Town, Johannesburg Hospital in Johannesburg, the South African Institute for Medical Research in Johannesburg, and the Red Cross Children's Hospital in Cape Town. Advances in cancer research and treatment provided by these organizations continue today. Notable figures in South African cancer care and research include Dr. Geoffrey Dean, lung cancer; Dr. N. G. de Moor, radiation therapies; Dr. Carol Benn, breast cancer surgeon; Dr. Carl Albrecht, researcher of various cancer types; Dr. Elizabeth Murray, breast oncology; Dr. Vikash Sewram, esophageal cancer; and Dr. Chantal Babb, genetics and epidemiology.

A few of the current trends in South African cancer research comprise the human papilloma virus (HPV) and its link to esophageal cancer, malignancies in women and children with HIV, metastatic breast cancer, ethnic disparities in various cancer types, and how alcohol and tobacco interact with oral squamous and epithelial cells. Major organizations that contribute to cancer research, provide public education, and focus on prevention or political advocacy related to cancer in South Africa are the Cancer Association of South Africa, Breast Health Foundation, Cancer Epidemiology Research Unit, and the Childhood Cancer Foundation.

See Also:AIDS-Related Cancers; Cancer Association of South Africa; Tobacco.

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Further Readings

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